



Scrap Metal Dealers Act 2013

Application for a Scrap Metal Dealer's licence

Please write legibly in **block capitals**, and ensure that your answers are inside the boxes and written in **black ink**. All questions must be answered. Incomplete applications will not be processed.

You may wish to keep a copy of the completed form for your records.

| Section 1: Licence details | | | |
|--|---|---------------------------------|-----|
| What type of licence do you wish to apply for? <i>(tick one)</i> | <input type="checkbox"/> Site licence <input type="checkbox"/> Collector's licence | | |
| What type of application do you wish to make? <i>(tick one)</i> | <input type="checkbox"/> Grant of a new licence <input type="checkbox"/> Renewal of an existing licence <input type="checkbox"/> Variation of an existing licence (change of licence type) <input type="checkbox"/> Variation of an existing licence (change of licensed sites) <input type="checkbox"/> Variation of an existing licence (change of site managers) | | |
| Current licence number: <i>(leave blank on new applications)</i> | | Expiry date of current licence: | / / |
| If you are applying to vary an existing licence, from which date do you wish the proposed amendments to take effect? | | | / / |

| Section 2: Business details | |
|---|--|
| Please give the trading name(s) by which your business is/will be known: <i>(if any)</i> | |
| Please indicate the business activities that you intend to carry on under this licence: | <input type="checkbox"/> Buying and selling scrap metal <input type="checkbox"/> Recovering salvageable parts from motor vehicles for re-use or sale <input type="checkbox"/> Buying written-off vehicles for repair and resale <input type="checkbox"/> Buying or selling vehicles for salvage or repair purposes <input type="checkbox"/> Other: _____ |

| Section 3: Site details | | <i>Do not complete if you are applying for a Collector's licence</i> |
|---|--|--|
| How many sites do you intend to operate under this licence, if your application is granted? | | |
| I have completed Annex A with details of all of the sites where it is proposed to carry on business as a scrap metal dealer under this licence, and the managers of those sites. <i>(please tick)</i> | | <input type="checkbox"/> |
| <i>If more than four sites are to be operated, please give details of further sites on an additional sheet.</i> | | |
| <i>If you are applying to vary a licence, please include details of all of your sites, even if the proposed changes do not affect those sites, and highlight any changes to site details or site manager details as applicable.</i> | | |
| Do you also intend to operate any mobile collection vehicles from these sites? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, please describe the arrangements for how these vehicles will operate: | | |

Section 4: Collector's details*Do not complete if you are applying for a Site licence*

How many vehicles do you intend to operate under this licence, if your application is granted?

Where will the vehicle(s) be kept when not in use?

Section 5: Other licences, permits and registrations

Do you currently hold a scrap metal site licence, issued by Dacorum or any other council, or have you held such a licence within the previous 3 years?

 Yes No

Do you currently hold a scrap metal collector's licence, issued by Dacorum or any other council, or have you held such a licence within the previous 3 years?

 Yes No

Do you currently hold a relevant environmental permit or registration?

 Yes No

Are you registered as a waste carrier?

 Yes NoIf you have answered any of the above 'yes', please give details of the licence, permit or registration below: *(continue on a blank sheet where necessary)*

| Licence/permit type | Issued by | Reference number | Start date | End date |
|---------------------|-----------|------------------|------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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Section 6: Purchase arrangements

Please describe your arrangements for keeping records of scrap metal transactions, in accordance with the relevant statutory requirements:

Please describe your arrangements for verifying the identity of a person wishing to supply scrap metal to you, in accordance with the relevant statutory requirements:

How do you intend to ensure the security of the scrap metal you have purchased or collected in the course of your business, including unlawful sale or purchase or theft?

Section 7: Applicant(s) detailsThis application is made by:
(tick one) An individual*Please give details in Part A* A partnership*Please give details in Parts A & B* A limited company*Please give details in Part C***Part A: Individual applicant / First partner** Mr Mrs Ms Other _____

Full name:

Home address:

Date of birth:

/ /

Daytime phone
number:Mobile phone
number:

Email address:

Part B: Second partner Mr Mrs Ms Other _____

Full name:

Home address:

Date of birth:

/ /

Daytime phone
number:Mobile phone
number:

Email address:

If there are more than two partners, please give the details of further partners on a separate sheet.

Part C: Limited company applicant*Please also complete Annex B with director's details*

Registered name:

Registered office
address:Company
registration number: UK: Companies House
 Other: _____Daytime phone
number:

Email address:

Section 8: Suitability of applicant(s)

In the following questions, 'relevant person' includes:

- the individual applying for a licence
- any of the partners of a partnership applying for a licence
- any of the directors, company secretary, or shadow directors of a company applying for a licence
- any site manager identified in this application.

Has any relevant person previously been convicted of a relevant offence, or has any relevant person previously been cautioned in respect of a relevant offence, in either case where the conviction or caution is not considered to be 'spent'?

Yes No

Convictions and cautions which are considered 'spent' under the provisions of the Rehabilitation of Offenders Act 1974 need not be disclosed. Driving licence endorsements are also not relevant.

Has any relevant person been charged with an offence and is currently awaiting the outcome of those proceedings?

Yes No

Has any relevant person previously had an application for a scrap metal licence refused, or a scrap metal licence revoked, by any council?

Yes No

Has any relevant person previously been subject to any other relevant enforcement action, by any council or applicable government agency?

Yes No

If any of the above questions have been answered 'yes', please provide further details in respect of those matters in the space below:

| |
|--|
| |
|--|

Please note that a Basic Disclosure certificate must be supplied, at the time of application, in respect of every applicant (or partner, or director of a limited company applicant) and site manager named in this application. Certificates must have been obtained in the relevant individual's name and issued within the last 3 months.

Section 9: Bank account details (for payments to scrap metal suppliers)

As part of the application process, the Council is required to verify that the business has a bank or building society account from which payments for scrap metal will be made. It is an offence to make payments for scrap metal other than by cheque or electronic funds transfer.

Please give details of this account below:

Name of bank / building society:

| |
|--|
| |
|--|

Name in which account is held:

| |
|--|
| |
|--|

Sort code and account number:

| |
|--|
| |
|--|

Section 10: Application fee(s)

Please tick one of the following options

I enclose a cheque for £____, payable to Dacorum Borough Council.

I wish to pay the application fee(s) by credit or debit card – please contact me to arrange payment.

Section 11: Declaration and signatures*Every applicant must sign the form*

- The information contained in this form is true and accurate to the best of my knowledge and belief. I understand that if I make a material statement knowing it to be false, or if I recklessly make a material statement which is false, I will be committing an offence under the Act, for which I may be prosecuted, and if convicted, fined.
- I understand that the Council may consult other agencies about my suitability to be licensed as a scrap metal dealer, and that those other agencies may include other local authorities, the Environment Agency, and local and national police forces.
- I understand that data within this application may be shared with other agencies, for the purpose of assessing my suitability to be licensed as a scrap metal dealer. I also understand that the sharing of information about me may extend to sensitive personal data, such as data about any previous criminal offences. Some details will also be displayed on a national register, as required by the Scrap Metal Dealers Act 2013. I hereby expressly consent to this processing of my data and display of relevant information on the public register.

| | | | | | |
|---------|--|-------------|--|-------|--|
| Signed: | | Print name: | | Date: | |
| Signed: | | Print name: | | Date: | |

If there are more than two partners, a copy of this page should be taken to allow all partners to sign. Where the application is made by a limited company, the form should be signed by an officer of the company.

Completed application forms should be submitted, along with basic disclosure certificates for the applicant, partners, company directors and site managers, and payment of the appropriate fee(s), to:

Licensing, Dacorum Borough Council, The Forum, Marlowes, Hemel Hempstead, HP1 1DN

Data Protection – PLEASE READ THIS NOTICE CAREFULLY

We will use the information you provide in this form and in any supporting documents to process and determine your application for a licence. The information will be held on file and on an internal database, and such public registers as we may be required to maintain.

The information supplied may be passed to other bodies, including law enforcement agencies and government departments, as allowed by law. We may check information you have provided, or information about that that another person has provided, with other information we hold. We may also obtain information about you from, or provide information to, organisations such as government departments, law enforcement agencies, other local authorities, and private sector organisations such as banks, insurance companies or legal firms, to verify the accuracy of information, prevent or detect crime, or protect public funds.

We will not give your information to anyone else, or use information about you for other purposes, unless the law requires us to.

Dacorum Borough Council is the data controller for the purposes of the Data Protection Act. If you would like to know more about what information we hold about you, or the way we use it, please contact us.

Office use only

| | | | |
|---------------------|--|------------------|--|
| Date received: | | Fee received: | <input type="checkbox"/> Chq <input type="checkbox"/> Card |
| Receipt number: | | | |
| Appn complete: | | Lic. approved: | |
| Licence valid from: | | Licence expires: | |

Annex A – details of scrap metal sites

| Site | Site details | | | | Site manager details | | |
|------|----------------|---------------|--------------|---------------|----------------------|--------------|---------------|
| | Postal address | Opening hours | Phone number | Email address | Full name | Home address | Date of birth |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

Annex B

Details of limited company directors

Please complete the following details for each director of the company. Use additional sheets where necessary.

| | | | |
|-------------------|-----|---|--|
| Director 1 | | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ | |
| Full name: | | | |
| Home address: | | | |
| Date of birth: | / / | Daytime phone number: | |

| | | | |
|-------------------|-----|---|--|
| Director 2 | | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ | |
| Full name: | | | |
| Home address: | | | |
| Date of birth: | / / | Daytime phone number: | |

| | | | |
|-------------------|-----|---|--|
| Director 3 | | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ | |
| Full name: | | | |
| Home address: | | | |
| Date of birth: | / / | Daytime phone number: | |

| | | | |
|-------------------|-----|---|--|
| Director 4 | | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ | |
| Full name: | | | |
| Home address: | | | |
| Date of birth: | / / | Daytime phone number: | |

Please note that a Basic Disclosure, issued within the last 3 months, must be submitted for each director